

EMERGENCY MEDICAL SERVICES AUTHORITY

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September 15, 2020

Mr. Larry Karsteadt, Emergency Medical Services Director
North Coast Emergency Medical Services Agency
3340 Glenwood Avenue
Eureka, CA 95501

Dear Mr. Karsteadt:

This letter is in response to North Coast Emergency Medical Services Agency's 2019 emergency medical services (EMS) plan submission to the EMS Authority on May 8, 2020. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

The EMS Authority would like to bring to your attention there are no trauma data submissions for Sutter Lakeside for 2020. Please continue working to resolve this issue to submit the data as soon as possible.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 15, 2021. If you have any questions regarding the EMS plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dave Duncan'.

Dave Duncan, MD
Director

Enclosure

[illegible]

**Regional EMS Plan Annual Update
2019 Executive Summary
5-8-20**

North Coast EMS has served as the EMS agency since 1974 and is the designated local EMS agency for the Counties of Del Norte, Humboldt and Lake.

After a public review period, the North Coast EMS Joint Powers Governing Board approved the enclosed Regional EMS Plan on April 30, 2020.

Since the last EMS Plan was approved, the following progress highlights have occurred (red = new this year):

1. The EMS and QIP Plan updates were approved in 2018 and the due date for the 2019 plan updates was extended, by request, to May 8, 2020 due to COVID-19.
2. The following plans were approved by EMSA in 2019: Regional Trauma update and the EMS for Children and STEMI Plans.
3. Designations of St. Joseph Hospital as Level III, Mad River Community Hospital as a Level IV with Surgery, Sutter-Coast Hospital as a Level IV and Sutter-Lakeside Hospital as a Level IV were continued, as were the STEMI Receiving Center designation of St. Joseph Hospital and Emergency Department Approved for Pediatric designations for all seven hospitals.
4. A Trauma site survey was conducted at Sutter-Coast Hospital jointly with Oregon.
5. Received written notice of Level IV Trauma Center designation interest from Adventist-Health Clearlake Hospital.
6. Five EDAP site surveys were postponed due to COVID-19.
7. The federal EMSC grant with UCD-MC was set to expire on May 30, 2020 but was extended six-months by request due to COVID-19.
8. The Governing Board adopted Annual Trauma Center Fees to help cover related costs.
9. Conducted a trauma fee assessment as required by statute and submitted to EMSA and Trauma Centers. Total paid fees do not cover annual costs.
10. Lake County discontinued evaluating LEMSA options.
11. Continued or issued certifications, accreditations or authorizations for EMTs, paramedics and MICNs.
12. Approved use of Naloxone for several Public Safety agencies.
13. Continued training program approvals for First Responder, EMT, Paramedic, FTO, EMD and MICN and Continuing Education programs. The region is served by 53 fire services.
14. Continued authorizations of 4 non-transporting ALS providers, 11 transporting ALS providers and REACH Medical Holdings, (dba, REACH Air Medical, CalStar & Cal-Ore Life Flight). In Del Norte County, Cal-Ore provides ground 9-1-1 mutual aid ambulance, ALS/CCT ground IFT's (to Oregon and other out of County destinations), fixed & rotary wing IFT transfers and rotary wing scene calls. The REACH Medical Holdings companies also provide fixed/rotary wing

IFT transfers services in Humboldt County and Lake Counties, along with rotary wing scene calls in the two counties.

15. Continued three-county Aero Medical contract with REACH Medical Holdings.
16. Facilitated pediatric focused training in the region for North Coast EMS stakeholders and UCD-MC hosted an EMSC funded SIM Center training in Sacramento for North Coast EMS ED physicians and others.
17. Convened the Humboldt County Trauma Advisory Committee (TAC) and Lake County TAC, convened Humboldt County Cardiac Coordinating Committee meetings and participated in Medical Advisory and EMCC meetings.
18. Initiated Stroke System review process.
19. Contracted with Matthew Karp, M.D. as the Regional Medical Director and Pam Mather RN as the Exclusive Operating Area (EOA) Oversight Officer.
20. Prepared draft EOA contract for internal review.
21. Received inquiries of possible EOA grandfathering interest from Del Norte Ambulance and SLCFPD.
22. Participated in impact evaluation of extended ambulance mutual aid into Colusa County.
23. Updated the 5150 Handbook (used by the Hospital Council of Northern and Central California), finalized the medical clearance form and prepared or updated county specific training for law enforcement, EMS, fire and behavioral health.
24. Participated in EMSA required EMSA/LEMSA meetings and submitted required General Fund quarterly reports.
25. Continued participation in the federal HRSA EMS for Children Regionalization grant with UC – Davis Medical Center (UCDMC) to continue in the north coast region.
26. Continued the CDPH HPP Disaster grant.
27. Contracted with Kimberly Baldwin Lake County Disaster Liaison and Patrick Lynch for Humboldt County.
28. Submitted the North Coast EMS Core Measures report to EMSA.
29. Continued use of ImageTrend e-PCR program for providers and approved utilization of two other programs for use within the region. All providers are successfully transmitting data to ICEMA.
30. Continued to identify and resolve issues with the Lancet Trauma 1 Trauma Registry at both Level IV trauma centers and initiated a process to regularly monitor compliance to data transmission efforts to ICEMA.
31. Continued more streamline policy and protocol approval process using the Policy Review Committee.
32. Initiated the process to participate in the Statewide C.A.R.E.S. project.
33. Submitted APOT reports to EMSA.
34. Expanded the Public Safety, First Responder and EMT scope of practice to include Epinephrine for anaphylaxis.
35. Continued the process to add Ketamine to the paramedic scope of practice.
36. Continued policy to ensure that providers plan for anticipated drug shortages.
37. Continued participation in the Wellness Roadmap initiative in Lake County to reduce the number of repeat users of the EMS system through data integration.

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	X	X	X	<p>North Coast EMS (NCEMS) continued as the LEMSA on behalf of Del Norte, Humboldt and Lake Counties under the direction of the Joint Powers Governing Board.</p> <p>NCEMS currently has 5.2 FTE positions: Executive Director, Associate Director/Regional Disaster Coordinator, Programs Manager, Administrative Assistant, Fiscal Manager (0.8), EMSC TACTICAL Project Manager (0.2). NCEMS has numerous part time independent contractors: Regional Medical Director, EDAP and Trauma RN, e-PCR Programmer, Office IT, Auditor, ICEMA - Image Trend, Lancet and Digital Innovations – Trauma Registry, Mental Health RN, County Disaster Liaisons (three), Policy Specialists, STEMI/Stroke Coordinator, County Counsel, etc.</p> <p>NCEMS completed year three</p>	<p>Continue to convene JPA meetings to ensure oversight of NCEMS and utilize existing committees to ensure region-wide input.</p> <p>See quarterly General Fund reports, and the most recent EMSA approved Trauma, EMSC and STEMI annual plan revisions, HPP Disaster Progress Reports and EMSC TACTICAL reports.</p> <p>Please note that we have removed details covered in each of the three EMSA approved specialty care plans: STEMI, Trauma and EMSC to reduce redundancy and because each is compliant with current state regulations.</p>

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					<p>and is near the end of the fourth and final year of a federal EMSC TACTICAL grant with UC Davis Medical Center (UCDMC) and continued the HPP Disaster grant with CDPH. We also continue to participate in the Wellness Roadmap initiative in Lake County to reduce the number of repeat users of the EMS system through data collection and sharing with of other county medical services.</p> <p>NCEMS continued to utilize or participate in numerous committees and as needed, local and state specialty resources to ensure technical and clinical expertise in our decision-making process.</p> <p>Lake County stakeholders discontinued the process to secure another LEMSA.</p>	
1.02	LEMSA Mission	X	X	X	<p>The mission of NCEMS is to enhance the EMS system consistent with California state laws and continuous quality improvement principles, through the pursuit of personnel excellence, effective leadership and positive working relationships.</p>	Continue mission.

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					See 1.01 above.	
1.03	Public Input	X	X	X	<p>Staff attended numerous and convened several committees: Medical Advisory (MAC), Trauma Advisory (TAC), Humboldt County Cardiac Coordinating (HCCC), Emergency Medical Care Committee (EMCC), EMS for Children (EMSC), Disaster, Child Death Review, Injury Prevention, Fire Chiefs Association, Stroke, COVID-19 and other local committees to ensure region-wide input into the planning, policy and procedure development processes utilized by NCEMS.</p> <p>We also enhanced the North Coast EMS Policy Review Committee process to ensure regional input and to help streamline the process. This Committee is open to all interested participants and we welcome participation.</p>	<p>Continue to attend and utilize existing EMCC, TAC HCCC, EMSC, Disaster and MAC, Stroke, EMSC, COVID-19 and other committees, and create or participate in new committees as needed.</p> <p>Continue to utilize the Policy Review Committee process and services of contractor Kayce Hurd to help coordinate the policy review process.</p>
1.04	Medical Director	X	X	X	Ken Stiver M.D. retired as the NCEMS Regional Medical Director for over three decades. We greatly appreciate his many years of service.	Continue efforts to secure additional funding for the Regional Medical Director position.

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					NCEMS interviewed three excellent candidates and selected Matthew Karp, M.D. Dr. Karp is Boarded in Emergency Medicine, has over three years of Emergency Department experience and is familiar with the NCEMS system as a practicing physician. No additional funding was secured for this position since the addition of the EMSC grant increase.	
1.05	EMS Plan	X	X	X	The last NCEMS Regional Plan revision was approved by the EMSA. The EMSA also approved the 2019 Trauma Plan update, the 2018 Quality Improvement Plan (QIP) Plan update, the 2019 EMS for Children Plan, the STEMI Care Plan and, previously, the Humboldt County Transportation (EOA) Plan (HCTP).	<p>Following EMS stakeholder review, submit revised 2019-20 Regional EMS Plan update (this document is part of that Plan) and prepare the QIP Plan update for review and submission to EMSA. Both were due at the end of March 2020 but EMSA approved an extension to early May and another may be needed due to COVID-19.. The draft EMS Plan and QIP Plan updates will be presented to the JPA Governing Board for acceptance at the end of April 2020.</p> <p>NCEMS received and will review the recently released</p>

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						draft EMS System Regulations and comment as needed.
1.06	Annual EMS Plan Update	X	X	X	See 1.05 above.	See 1.05 above.
1.07	Trauma Planning	X	X	X	See EMSA approved 2019 Trauma Plan.	See EMSA approved 2019 Trauma Plan.
1.08	ALS Planning	X	X	X	North Coast EMS requested EMSA and received approval for the extension of all our optional scope items, excepting nasal intubation and pediatric intubation. These latter items were removed from the North Coast EMS local paramedic scope of practice. North Coast EMS has finalized a request for the addition of Ketamine to our local optional scope, but submission of this request to EMSA has been delayed due to focus on the current pandemic.	Modify ALS policies as needed. Continue to work with counties and providers to assess need for additional ALS non-transporting or ambulances, implement the EOAs in Humboldt County and continue seek approval of expanded scope as needed from EMSA.
1.09	Inventory of Resources	X	X	X	The updated Inventory sections are included as part of this Regional EMS Plan update.	

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1.10	Special Populations	X	X	X	<p>North Coast EMS continued needs assessment of children as part of the EMSC TACTICAL project, will soon conduct EDAP site surveys to five of the seven hospitals, continue to provide guidance for the management of behavioral health patients, etc. EMS.</p> <p>Also see the EMSA approved NCEMS Trauma, STEMI and EMSC plans.</p> <p>We are conducting an assessment of prehospital and hospital stroke patient care to help address high mortality rates in all three counties, including discussion and reinforcement of best practice models. We are also considering preparation of a Stroke System Plan.</p>	<p>Seek new fiscal resources to help replace the discontinuation as of May 2020 of the federal UCDMC grant specific to the EMSC program. Continue to work with regional partners to enhance the management of Behavioral Health patients, and proceed with designation of an additional trauma center in Lake County if interest is formalized.</p> <p>Also see the EMSA approved NCEMS Trauma, STEMI and EMSC plans.</p> <p>Continue efforts to enhance stroke patient care with best practice modeling assess potential development of a regional Stroke program when staff time allows following new state regulations and with sustainable funding.</p>
1.11	System Participants	X	X	X	<p>EMS System participant roles and responsibilities have been identified through written agreements, hospital designations, and in two Humboldt County zones, two</p>	<p>Develop and implement EOA contracts with performance measures, roles and responsibilities as needed to implement the Humboldt County</p>

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					EOAs. The NCEMS Aero Medical and updated ALS contract, with roles and responsibilities etc., with REACH Medical Holdings LLC., was executed. Draft EOA contracts are under internal review.	Transportation Plan. Assess new EOA related requests as needed.
1.12	Review & Monitoring	X	X	X	<p>NCEMS providers continued to submit CEMSIS – EMS data to EMSA; quarterly QIP focused review summaries were received from hospitals and providers and were reviewed as staff time allowed. Training programs were monitored as limited staff time allowed. EDAP follow-up site surveys were planned but have been postponed due to COVID-19. .</p> <p>NCEMS reviewed patient care related cases, and conducted disclosure protected case review meetings (HCCC, TAC). Patient Care Records, data reports, patient charts and other records were used to help evaluate and enhance the EMS System.</p> <p>NCEMS initiated preparation of the update Quality</p>	<p>Continue to ensure submission of provider CEMSIS/NEMSIS EMS data to EMSA & evaluate for system improvement; continue to review STEMI data as part of HCCC and trauma data as part of the trauma system; monitor, review and summarize submitted QIP reports from hospitals and providers as staff time allows.</p> <p>Conduct site visits to approved training programs, designated hospitals and ALS Providers as needed and as staff time allows.</p> <p>Continue to monitor EMD programs.</p> <p>Continue to review and monitor EMS system operations as needed,</p>

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					<p>Improvement Plan (QIP Plan) that details system review, monitoring and evaluation processes this quarter.</p> <p>Relative to the Regional Trauma System review and monitoring, see 1.06 and 1.07 above and the Trauma Plan update.</p> <p>Relative to EOA implementation, see 1.11 above.</p>	<p>including evaluation of patient care throughout the region.</p> <p>Continue to address the need to ensure transmission of trauma registry data from all trauma centers to the state repository, continue monitoring and compliance assessment of designated hospitals, ALS Providers, EMD programs as time allows, and proceed with implementation of the Exclusive Operating Area plan in Humboldt County. Monitor training programs and review quarterly QIP reports as staff time allows.</p> <p>Continue to monitor and as needed conduct site surveys to trauma centers, STEMI center and EDAPs. See STEMI, EMSC ad Trauma Plans.</p>
1.13	Coordination	X	X	X	A primary role of NCEMS is to coordinate regional EMS operations. NCEMS utilizes or participates in numerous EMS related committees and maintains policies to help ensure ongoing EMS system operations.	Continue EMS system coordination in the three-county region.

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1.14	Policy and Procedures Manual	X	X	X	<p>The NCEMS Policy and Procedures Manual was periodically updated and expanded by the Policy Review Committee as described above in 1.03 and 1.08.</p> <p>In the process of adding Epinephrine Pens to the Public Safety, First Responder and EMT scope of practice.</p> <p>Initiated review of the Del Norte Ambulance draft plan to establish an AEMT pilot project in Del Norte County.</p>	<p>Continue to revise and add new policies as needed through the Policy Review Committee process, including: additional EMS System, EMT-I, EMT-P modifications as needed.</p> <p>Expand the optional EMT and paramedic scope of practice as needed.</p> <p>Complete development of AEMT program policies.</p>
1.15	Compliance with Policies	X	X	X	<p>See 1.12, Section F, the Quality Improvement Plan and Trauma Plan updates.</p> <p>Annual Trauma Center Fees were set by the JPA Board.</p> <p>NCEMS continued the oversight of EMS system compliance with statutes, regulations and policies through numerous mechanisms, including contracts, policies, site surveys, ongoing EMS system evaluation, etc.</p>	<p>Continue to review volume and workload data.</p> <p>Continue to oversee compliance of the NCEMS EMS regional EMS system.</p>
1.16	Funding Mechanism	X	X	X	Continued state GF contract,	Continue efforts to increase

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					<p>federal EMSC TACTICAL subcontract with UCDMC and HPP Disaster contract with CDPH. The UCDMC grant ends May 2020.</p> <p>Local funds were received as projected, with ongoing Maddy Funds and continuation of county shares by all three JPA member counties, in addition to certification and other ongoing fees. The annual STEMI Receiving Center Fee was received from SJH. The JPA Governing Board adopted Annual Trauma Center Fee that were received from all four trauma centers.</p> <p>Annual EOA fees were received from City Ambulance of Eureka and Arcata Mad River Ambulance, and Pam Mather RN was selected as the contracted EOA Oversight and QI Officer.</p> <p>Retrospective reimbursement of NCEMS ImageTrend costs by providers continued but several providers shifted from the ICEMA ImageTrend program to other programs. Consequently, NCEMS will no</p>	<p>and stabilize funding, such as: secure additional grants; work with EMSA to increase the State GF augmentation; etc.</p> <p>Consider utilization of a portion of the Richie's Maddy Fund to help replace the UCDMC grant.</p> <p>Consider implementation of an ImageTrend base rate fee proportional to e-PCR volume to cover the annual ICEMA base rate cost to ensure NCEMS access to data, with JPA approval.</p> <p>Continue efforts to secure additional funding for Medical Director to increase medical and trauma oversight responsibilities and staff to help monitor enhanced program compliance.</p> <p>Continue efforts to reimburse staff comparable salaries to other LEMSAs.</p> <p>Assess feasibility of establishing and fiscally sustaining a Stroke</p>
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					<p>longer be able to recover the annual cost of the base rate (\$15,000) as of 1/1/2020.</p> <p>An annual Aero Medical Fee was received as well and the new contract with REACH Medical Holding, LLC was executed.</p> <p>The annual Fiscal Audit Report was received and is in the process of distribution.</p>	<p>program.</p> <p>Plan for the replacement of Fiscal Manager Maris Hawkins.</p> <p>Plan for the eventual replacement of e-PCR contractor Jay Myhre.</p> <p>Plan to secure new revenue to increase or maintain staff size.</p>
1.17	Medical Direction	X	X	X	<p>Six of seven hospitals within the region are designated as Modified Base Hospitals and one as a Base Hospital with MICNs – all provide medical direction to EMT-Ps.</p> <p>See 1.04.</p>	<p>Continue efforts to increase funding for Medical Director and increase staff size to ensure designated Base Hospitals are compliant with contracts.</p>
1.18	QA/QI	X	X	X	<p>See 1.12, 1.15, Section 6 and annual QI Plan update.</p> <p>Initiated the process to revise the QIP Plan update.</p>	<p>See 1.12, 1.15, Section 6 and submit annual QI Plan update.</p>
1.19	Policies, Procedures, Protocols	X	X	X	<p>See 1.14 and 1.15.</p> <p>Approval of Emergency Medical Dispatch (EMD) program continued for two PSAPs in Humboldt County, and jointly with Napa County EMS, the EMD program for</p>	<p>See 1.14 and 1.15.</p>

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					Napa Cal-Fire Communications Center used by Lake County.	
1.20, 1.21 and 1.22	DNR, Determination of Death and Reporting of Abuse	X	X	X	No changes to DNR or Determination of Death Policies.	Monitor federal and state DNR changes if any and modify the DNR policy if needed. Update reporting of abuse policy if needed.
1.23	Interfacility Transfer	X	X	X	Attended IFT meetings in Lake County and conducted a review of the NCEMS IFT policy. Suggested changes to be considered at the next Policy Review Committee meeting.	Continue process to update IFT policy and revise this year.
1.24	ALS Systems	X	X	X	See 1.08, 1.11 and 1.28. All providers utilizing paramedics are authorized ALS Providers by NCEMS via ongoing contracts.	See 1.08, 1.11. and 1.28.
1.25	On-line Medical Control	X	X	X	See 1.15, 1.17 and 1.24. All seven hospitals within the region are NCEMS designated Base or Modified Base via ongoing contracts.	See 1.15, 1.17 & 1.24.
1.26	Trauma System Plan	X	X	X	See EMSA approved annual Regional Trauma Plan update and 1.07.	See annual Regional Trauma Plan update and 1.07.
1.27	Pediatric System Plan	X	X	X	See EMSA approved EMSC Plan and 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E. EDAP site surveys are	See EMSA approved EMSC Plan and 1.01, 1.02, 1.03, 1.12, 1.15 & 1.16 & Section E.

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					planned for this month at Sutter-Lakeside, Adventist-Clearlake, J. Phelps, MRCH and Sutter-Coast.	Conduct EDAP site surveys.
1.28	EOA Plan	X	X	X	See 1.16. and Section 4. Continued process to implement the Humboldt County Transportation Plan (HCTP) as approved by EMSA to non-competitively grandfather two providers, City Ambulance of Eureka (CAE) and Arcata Mad River Ambulance (AMRA). Secured funding and contracted with EOA/QI Oversight Officer. Initiated internal review of draft EOA contracts.	Complete internal review process of draft EOA contracts, meet with providers and utilize EOA committee as needed, and include development of performance standards and other requirements including formalized EOA provider operational area disaster coordination responsibilities, execute contracts, oversee EOA and related QI initiatives.

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01	Assessment of Needs	X	X	X	<p>NCEMS assessed EMS system needs through a variety of mechanisms and targeted best practices and current EMS system enhancements.</p> <p>Several Public Safety, First Responder and EMT agencies have adopted use of Naloxone following NCEMS policies. NCEMS continues to proceed with the addition of Epinephrine Pens for anaphylactic shock but costs seem prohibitive.</p> <p>: Received EMSA approval to add i-Gel. Discontinued process to request addition of IV Tylenol. Continued the process to add Ketamine.</p> <p>Solicited input on possible training programs at various meetings.</p> <p>Continued process to develop an Advanced EMT program.</p>	<p>Continue to assess EMS system needs, implement best practices and EMS system enhancements.</p> <p>Continue process to implement use of Epinephrine Pens by Public Safety, First Responder and EMT personnel for anaphylaxis. Approve additional Naloxone providers as applications are received.</p> <p>Ensure ongoing ALS coverage of southern Humboldt and full EMS OA disaster integration through the EOA provider contract process.</p> <p>Work with EMSA as needed to continue to retain and expand the optional paramedic scope of practice.</p> <p>Continue to develop AEMT program policies.</p>

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						<p>Continue process to enhance and streamline the policy development process.</p> <p>Host or support additional training programs as needed.</p>
2.02	Approval of Training	X	X	X	<p>NCEMS continued approval of EMD, Public Safety, First Responder, EMT, paramedic, MICN, FTO and other training programs according to state regulations, guidelines and local policy. Continued monitoring of training programs and CE Providers was limited by available staff time.</p> <p>Sponsored with EMSC TACTICAL grant pediatric trainings and workshops.</p> <p>Facilitated behavioral health patient management processes in each county, updated the 5150 Manual, updated 5150 training documents, continued development of a behavioral health medical screening form and supported development of Behavioral Health/EMS trainings.</p>	<p>Approve new Public Safety, EMD, First Responder, Naloxone, MICN, EMT and Paramedic training programs as needed after compliance verification.</p> <p>Continue to monitor and update above programs to ensure ongoing compliance with state and regional standards.</p> <p>Continue process to develop AEMT program policies, support a Paramedic training program near Lake County and oversee Behavioral Health/EMS program enhancements.</p> <p>See above.</p>

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					See above.	
2.03	Personnel	X	X	X	<p>See 2.01 and 2.02</p> <p>NCEMS has numerous mechanisms to accredit, authorize and certify EMS personnel, including policies and procedures.</p> <p>We also follow state standards relative to the review of unusual occurrences that could impact certifications. A few occurrences were reviewed but no action needed to be taken.</p> <p>The total number of NCEMS certified, accredited and authorized personnel is 671 (525 EMTs, 130 paramedics and 16 MICNs).</p>	<p>See 2.01 and 2.02</p> <p>Reassess possible expansion to include online certification.</p> <p>Continue to review discovered unusual occurrences and take action as appropriate and in accordance with state standards.</p> <p>Plan for the retirement of Fiscal Manager Maris Hawkins by June 30, 2020, including hiring a replacement with an overlapping training period.</p> <p>Plan for and secure additional revenue to help cover the loss of the UCD-MC EMSC grant and impact on current staff and contractors.</p>

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2.04	Emergency Medical Dispatch (EMD) Training	X	X	X	See 1.12, 2.01 & 2.02 Two EMD programs in Humboldt County continue to be approved and monitored and a third EMD program, for Lake County, is jointly approved with Napa County.	See 1.12, 2.01 and 2.02 Monitor EMD Program as needed. Approve new EMD providers if interested. Approve EMD variance as required including potential screening for COVID-19.
2.05	First Responder Training	X	X	X	See 2.01, 2.02 & 2.03 Public Safety and First Responder training programs policies and procedures are adopted and implemented. NCEMS currently has 10 approved First Responder training programs. All first out ambulances are staffed by at least one EMT and paramedic with a few exceptions in Lake County. Some back-up units utilize two EMTs.	See 2.01, 2.02 & 2.03 Monitor existing Public Safety and First Responder training programs. Approve new Public Safety and First Responder training programs as needed.
2.06	Response	X	X	X	Numerous public safety and first responder agencies, and others, respond to medical emergencies according to state standards and NCEMS policies. Several are now using Naloxone pursuant to	See 2.01, 2.02 & 2.03 Approve new Public Safety, First Responder, EMT, Paramedic training programs as requested.

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					state regulation.	
2.07	First Responder Medical Control	X	X	X	See 1.04, 1.12, 1.15, 1.17, 1.24 & 1.25. All non-transporting and transporting ALS (paramedic) providers are authorized by NCEMS and assigned to a designated base hospital that oversees medical control by contract.	See 1.04, 1.12, 1.15, 1.24 & 1.25.
2.08	EMT-I Training	X	X	X	See 2.01, 2.02, 2.03, 2.06 and 2.07. NCEMS currently has five approved EMT-I training programs. All county permitted or contracted ambulances predominantly utilize at least one currently certified EMT-I and one NCEMS accredited paramedic. Occasional exceptions occur within the region for BLS only ambulances and non-EMT drivers in Lake County.	See 2.01, 2.02, 2.03, 2.06 and 2.07
2.09	CPR Training	X	X	X	All health or EMS personnel who provide direct emergency patient care are required by state standards to be trained in CPR. NCEMS approved Public Safety, First Responder, EMT and Paramedic training programs include or require current	See 2.01, 2.02, 2.03, 2.04, 2.05, 2.06 and 2.08.

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					CPR training. See 2.01, 2.02, 2.03, 2.04, 2.05, 2.06 and 2.08.	
2.10	Advanced Life Support	X	X	X	See 1.08, 1.12, 1.15, 1.17, 1.24	See 1.08 1.12, 1.15, 1.17, 1.25, 2.02 & 2.07.
2.11	Accreditation Process	X	X	X	1.25, 2.02 & 2.07.	
2.12	Early Defibrillation	X	X	X		
2.13	Base Hospital Personnel	X	X	X	<p>Accreditation processes, set by state regulations, are followed. All licensed nurses and physicians who provide direct emergency care are required to be trained in ALS and, to our knowledge, most ED MDs are Boarded in Emergency Medicine.</p> <p>All Base Hospital personnel ED MDs and RNs are also required to be oriented to NCEMS policy and procedures.</p> <p>All accredited ALS personnel are required to be oriented to NCEMS policies and procedures.</p>	
3.01	Communication Plan	X	X	X	NCEMS developed a Communications Plan and purchased a Med Net Communications system in the mid-1970s for field to base hospital medical control communications. Ownership and maintenance/replacement	<p>Continue to work with all three counties to identify and resolve Med Net System issues as needed.</p> <p>Utilize Med-Repeater Trust Fund as needed with JPA Governing Board approval.</p>

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					<p>responsibility was transferred to each county for the Mt-Top Repeaters, to each hospital for the hospital radios and to each provider (transporting and ALS) in the 1980's. All Med Net Equipment was replaced with narrow band compatible equipment within the last several years, and Humboldt and Lake Counties enhanced the system for MCIs (WIDE-AREA) and medical surge respectively. NCEMS maintained the MCI Plan and co-supported development of an Active Shooter Manual in Humboldt County.</p> <p>Maintained the Med-Net Repeater Trust Fund.</p>	
3.02, 3.03, 3.04, 3.05, 3.06, 3.09, 3.10	Radios, IFTs, Dispatch Center, Hospitals, MCI/Disaster Communications, Dispatch Triage, Integrated Dispatch	X	X	X	<p>See 2.04, 3.01.</p> <p>Each of the three counties continued to utilize a single dispatch center for all emergency ambulances, with the exception of dispatch of Hoopa (K'ima:w) Ambulance by the Hoopa Tribal Dispatch Center.</p> <p>Humboldt and Lake County have redundant Med Net Repeaters that allow WIDE-</p>	<p>See 2.04, 3.01.</p> <p>Monitor EMD programs in Humboldt and in Napa for Lake County, with Napa County EMS, as needed.</p> <p>Continue to assist with JPA Board approved Med-Net Mt. Top Repeater maintenance needs.</p>

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					<p>AREA hospital to hospital and medical surge communications respectively.</p> <p>NCEMS continued designation of two EMD providers, CALFIRE in Fortuna and Eureka PD, and continued joint approval of the Napa CAL-FIRE Com Center EMD program with Napa County EMS.</p> <p>Most regional hospitals currently utilize transfer centers located out of the area.</p>	
4.01	Service Boundaries	X	X	X	<p>Based upon traditional practices, each county has long established ground ambulance transportation service areas. The service area in Del Norte County includes the entire county and a portion of southwestern Oregon, however, the BOS discontinued the ordinance this year. Ambulance service boundaries are set in the Humboldt County BOS adopted county ambulance ordinance, and in Lake County, service areas are included in or as an addendum to the BOS approved ordinance. The BOS</p>	<p>Continue to work with county, hospitals, providers, committee and other representatives to help ensure ongoing provision of an adequate number of appropriately staffed ambulances as needed throughout the region.</p> <p>Participate in the process to update the Lake County Ambulance Ordinance.</p> <p>Integrate the shift of oversight of the Humboldt County Ambulance specific to CAE and AMRA as part of the EOA process Ordinance,</p>

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					<p>decided to revise the ordinance this year.</p> <p>The service area in eastern Humboldt has long been covered by K'ima:w (Hoopa) Ambulance with ALS units in Hoopa and Willow Creek. The Humboldt County BOS again earmarked funds to help ensure continuation of current service levels.</p> <p>See 1.28 above.</p>	<p>from Public Health to NCEMS, with Humboldt County BOS and JPA Board approval.</p> <p>See 1.28 above.</p>
4.02, 4.03, 4.04 & 4.05	Monitoring, Classifying Medical Requests, Prescheduled Responses and Response Time Standards	X	X	X	<p>See 1.28 and 4.01.</p> <p>Excluding Del Norte County as of this year, each county has a BOS approved ambulance ordinance.</p> <p>NCEMS as a classifying medical requests policy and approved EMD utilize the national standards for classifying medical requests, the latter with Regional Medical Director approval.</p> <p>NCEMS encourages transferring hospitals to pre-schedule IFTs when possible to minimize negative impact on the 9-1-1 system and urgent IFTs.</p>	<p>See 1.28 and 4.01.</p> <p>Identify performance standards pursuant to the HCTP for providers to be grandfathered.</p>

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					<p>NCEMS continued to monitor authorized ALS Providers and work with JPA member counties as needed to help monitor ambulance services through the existing QI and data collection programs.</p> <p>NCEMS response time guidelines utilize the state response time guidelines.</p> <p>The HCTP (EOA) will include development of performance standards for providers to be grandfathered.</p>	
4.06	Ambulance Staffing	X	X	X	See 1.08, 1.24, 1.28, 2.03, 2.08	See 1.08, 1.24, 1.28, 2.03, 2.08
4.07	First Responder Agencies	X	X	X	See 2.01, 2.02, 2.05 & 2.07 NCEMS currently has 53 first responder, non-transport agencies, nine ground ambulance services operating within the region. One rotor aero medical provider is operating within Lake County under Coastal Valley's EMS oversight and the new contract with REACH Medical Holdings also covers the two fixed wing and one CCT unit is Humboldt and Del Norte Counties.	See 2.01, 2.02, 2.05 & 2.07.

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4.08 & 4.09	Medical & Rescue Aircraft Air Dispatch Center		X X	X X	X X	See 1.08, 3.04 & 3.06. NCEMS has a policy for categorizing medical aircraft that is consistent with state guidelines. The CAL-FIRE Communications Center in Fortuna, Humboldt County dispatches all EMS rotor aircraft for Del Norte and Humboldt Counties. The Napa CAL-FIRE Communications Center now dispatches rotor aero medical resources for Lake County.	See 1.08, 3.04 & 3.08
4.10	Aircraft Availability		X	X	X	See 4.08. REACH aero medical unit continued to be located in Lake County, with by written confirmation of oversight with Coastal Valley's EMS and new contract with REACH Medical Holdings LLC. The latter also covers Cal-Ore Life Flight for IFT only in Humboldt and Del Norte Counties and CCT unit in Del Norte County. Aero medical providers routinely operating within the region from outside the region should have written agreements with North Coast EMS.	See 4.08.

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4.11, 4.12, 4.13, 4.14, 4.15	Specialty Vehicles, Disaster Response, Intercounty Response, ICS & MCI Plans		X	X	X	<p>See Section 8.</p> <p>NCEMS region stakeholders utilize specialty vehicles and/or equipment as needed to access, transport and transfer patients. This year we approved use of CCT unit for back-up IFT in Del Norte County.</p> <p>Continued the HPP Disaster contract with CDPH. The Associate Director is also the Regional Disaster Coordinator and each county has an NCEMS County EMS Disaster Liaison.</p> <p>This year NCEMS filled the HPP Disaster Liaison position in Humboldt with Patrick Lynch and continued contracts with Kimberly Baldwin in Lake County and Dennis Louy in Del Norte County.</p> <p>The EOA contract will include provider related disaster requirements as stated in the HCTP.</p> <p>NCEMS has reciprocity agreements with surrounding LEMSAs specific to cross-</p>	<p>See Section 8.</p> <p>Implement the disaster requirements in Humboldt County as part of the EOA process.</p> <p>Assist with processes to deploy specialty ambulances and ambulance mutual aid resources as needed.</p> <p>Completed an internal review of the NCEMS MCI Plan with attention to incorporating relevant CMCI considerations. Have initiated a process to solicit input from key regional stakeholders.</p>
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						jurisdictional use of paramedics and ambulance mutual aid resources.	
4.16	ALS Staffing		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06	See 1.08, 1.24, 2.02, 2.03, 2.10 & 4.06
4.17 and 4.18	ALS Equipment and Compliance		X	X	X	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 and 4.16. All private ambulances operating within the region maintain CHP approval for BLS equipment and approved NCEMS ALS Providers are required to follow the ALS equipment policy. NCEMS has written agreements with all approved ALS provider that ensure compliance with NCEMS policies, state standards, etc.	See 1.08, 1.24, 2.02, 2.03, 2.10, 4.06 & 4.16
4.19	Transportation Plan		X	X	X	The Humboldt County Transportation (EOA) Plan is approved by EMSA. We are currently reviewing draft EOA contracts. We expect to receive an additional EOA grandfathering request from Del Norte Ambulance.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22. For any new EOA grandfathering requests, secure JPA approved funding, select contractor(s), assess eligibility, and if eligible prepare or modify county specific Transportation Plans, obtain

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						See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	public input, BOS support and JPA Board approval, submit Plan to EMSA.
4.20	"Grandfathering"		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22. "Grandfather" eligible and EMSA approved providers by executing EOA contracts
4.21	EOA Compliance		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22. Implement EOA compliance measures pursuant to HCTP and EMSA approval.
4.22	EOA Evaluation		X	X	X	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22.	See 1.11, 1.12, 1.16, 1.28, 2.01, 4.01, 4.05, 4.15, 4.19, 4.20, 4.21, 4.22. Implement EOA evaluation process pursuant to HCTP and EMSA Approval.

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5.01	Assessment of Facilities Capabilities	X	X	X	<p>See recent EMSA approved Trauma Plan, STEMI Plan and EMSC Plan submissions.</p> <p>NCEMS has written Paramedic Base Hospital and EDAP designation agreements with all seven hospitals, four Trauma Centers and one STEMI Receiving Center (St. Joseph) pursuant to state regulations.</p> <p>Conducted Trauma Center Site Survey at Sutter-Coast Hospital.</p> <p>Conducted enhanced Humboldt County Cardiac Committee (HCCC), Lake Trauma Advisory (TAC) and Humboldt-Del Norte TAC Committee meetings including disclosure protected case review.</p> <p>Initiated assessment and best practice modeling of regional prehospital and hospital Stroke Patient care due to</p>	<p>See recent EMSA approved Trauma Plan, STEMI Plan and EMSC Plan submissions.</p> <p>Continue Stroke Patient assessment of EMS system enhancements.</p> <p>Conduct site surveys to the following EDAPs this quarter: Sutter-Lakeside Hospital, Adventist Health-Clearlake Hospital, Jerald Phelps Hospital, Mad River Community Hospital and Sutter-Coast Hospital; and, Trauma Center and STEMI Center Surveys this year.</p> <p>Conduct Trauma Center Site Surveys at Sutter-Lakeside, SJ and MRC Hospitals and STEMI Survey at SJH.</p> <p>Assess Paramedic Base Hospitals as needed and as staff time allows.</p> <p>Conduct HCCC and TAC</p>

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					high mortality rates. Reviewed trauma registry submission at all Trauma and STEMI Centers.	meetings. Continue review cardiac and trauma data submission and cases.
5.02	Triage & Transfer Protocols	X	X	X	See 1.08 and 1.23. Continued process to update the NCEMS IFT Policy and initiated process to establish a Re-triage Policy. Continued streamlined Policy Review Committee process. Hospital designation site surveys review transfer policies and ensure transfer agreements.	See 1.08 and 1.23. Adopt Re-triage Policy and revise IFT Policy as needed.
5.03	Transfer Guidelines	X	X	X	See 1.23 NCEMS has a Transfer Policy and initiated a review and update process. NCEMS participates in North-RTCC meetings that review cross-jurisdictional trauma patients transfers for educational purposes.	See 1.23. Update the NCEMS Transfer Policy with stakeholder input as needed.
5.04	Specialty Care Facilities	X	X	X	See 1.26, 1.27 and 5.01	See 1.26, 1.27 and 5.01
5.05 5.06	Mass Casualty Management Hospital Evacuation	X	X	X	See Section 8 and 4.12, 4.13, 4.14 and 4.15. As part of the HPP grant,	See Section 8 and 4.12, 4.13, 4.14 and 4.15. Work with Public Health

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					<p>NCEMS and County Disaster liaisons encourage hospital to prepare for mass casualty management.</p> <p>Initiated the process to update the NCEMS MCI Plan.</p>	<p>and Provider representatives in each to review MHOAC and Disaster roles and responsibilities.</p> <p>Continue to oversee the NCEMS HPP program and continue contracts with the three County Disaster Liaisons.</p> <p>Continue to work with MHOACs, hospitals, Disaster liaisons, EMS providers and others to assist hospital preparation for mass casualty and pandemic patient management.</p>
5.07	Base Hospital Designation	X	X	X	<p>See 1.07, 1.12, 1.15, 1.17, 2.07, 2.10 & 5.01</p> <p>NCEMS has Base Hospital designation contracts with all hospitals in the region. All but one hospital are "Modified" Base Hospitals that are not required to utilize MICNs.</p> <p>The two stand-by hospitals are approved as alternative base stations.</p>	<p>See 1.07, 1.12, 1.15, 1.17, 1.25, 2.07, 2.10 & 5.01</p> <p>If requested, continue the process to designate Sutter-Lakeside Hospital as a Modified Base Hospital and complete update of the contract.</p> <p>Assess Base Hospital contract compliance for cause and if we have sufficient staff/contractor time.</p>

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5.08 and 5.09	Trauma System Design and Public Input	X	X	X	See 1.07, 1.26, 5.01, 5.02 & Trauma System Plan update.	See 1.07, 1.26, 5.01, 5.02 & Trauma System Plan update.
5.10 5.11 5.12	Pediatric System Design Emergency Departments Approved for Pediatrics Public Input	X	X	X	See EMSA approved EMSC Plan and 1.03, 1.27 & 5.01	See EMSC Plan and 1.03, 1.27 & 5.01 .
5.13	Specialty System Design – Cardiac/Stroke:	X	X	X	See EMSA approved STEMI Plan and 4.17 & 5.01. Currently assessing and implementing Stroke System best practices due to high mortality rates in all three counties.	See STEMI Plan ad 4.17 & 5.01. Continue best practice assessments and modeling and consider adoption of a formal Stroke System Plan pursuant to new state regulations.
5.14	Specialty Planning Public Input	X	X	X	See Trauma, EMSC and STEMI Plans and 1.03, 5.09 and 5.12.	See Trauma, EMSC and STEMI Plans and 1.03, 5.09 and 5.12. Convene Stroke Committee to ensure public input.
5.15	Subsystem Evaluation and Data Collection Program: A. Patient Registry – an ImageTrend e-PCR is completed on each field transported STEMI, medical, pediatric and trauma patient. All providers submit ImageTrend data to the ICEMA repository. B. Designated trauma centers are	X	X	X	See Trauma, STEMI and EMSC Plans and 1.12, 4.02, 5.01, 5.13 & Section 6. Conducted several HCCC and TAC meetings. Reviewed cardiac and trauma cases and data. NCEMS recovered most ALS Provider costs for use of the	See Trauma, STEMI and EMSC Plans and 1.12, 4.02, 5.01, 5.13 & Section 6. Ensure that NCEMS Core Measures are submitted to EMSA. Review SRC and trauma center data and reports, and conduct case review at disclosure protected meetings.

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	<p>required to submit Trauma Registry data to ImageTrend with NCEMS access.</p> <p>C. In Humboldt County we will receive & review cardiac patient information for review at HCCC meetings.</p> <p>D. NCEMS is coordinating implementation of the C.A.R.E.S. program.</p>				<p>ImageTrend e-PCR program through ICEMA.</p> <p>North Coast EMS submitted Core Measures to EMSA in October after trying to resolve issues related to the state revised Core Measures.</p>	<p>Consider implementation of per volume ImageTrend user base rate to recover data access costs.</p>
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	QA/QI Program	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and Annual QIP Plan update.</p> <p>NCEMS has a robust, coordinated and evolving QA/QI program that meets or exceeds state guidelines and standards. A primary mission of NCEMS is to ensure delivery of quality patient care and continuously enhance the EMS System.</p> <p>As staff time allowed, reviewed & summarized QIP Reports from all base hospitals and ALS providers; reviewed PCRs, ImageTrend, cardiac, EMSC and trauma data and investigated cases brought to our attention.</p> <p>Administered and provided medical oversight of the NCEMS QA/QI program.</p> <p>Associate Director continued as member of the EMSAAC QI Coordinators group.</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and annual QIP Plan update.</p> <p>Secure additional funds to increase staff FTE to help review & summarize quarterly QIP Reports, review PCRs, field data, REACH records, and cases as needed.</p> <p>Update and submit QIP Plan by March 30, 2020 or request more time from the EMSA.</p> <p>Continue to oversee and monitor the regional EMS, STEMI, Trauma and EMSC systems.</p> <p>Assess available stroke data.</p>

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					<p>Continued QI oversight of the EMS System and STEMI, EMSC, Trauma Specialty Care Subsystems.</p> <p>The QIP Plan update was approved by EMSA. The next update is due March 30, 2020 but we expect to be late and will likely request more time.</p> <p>Conducted or participated in HCCC, TAC, EMSC, EMCC, IFT and MAC meetings.</p>	
6.02	Prehospital Records	X	X	X	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13 & 5.15.</p> <p>NCEMS continues to approve use of the Image Trend program administered by ICEMA. Four providers are also approved to utilize other programs: Del Norte Ambulance – Collector, and a proprietary ImageTrend program (AMRA, CAE and REACH Medical Holdings, LLC.).</p> <p>All approved ALS providers transmit e-PCR to the state repository.</p> <p>NCEMS currently pays</p>	<p>See 1.12, 1.15, 1.18, 1.27, 2.04, 4.02, 5.13, 5.15 and 6.01.</p> <p>Continue to ensure transmission of provider e-PCR data to EMSA.</p> <p>Continue to recoup NCEMS ImageTrend costs for provider use. Consider shifting to direct providers payments to ICEMA.</p> <p>Continue to participate in EMSA Core Measures program.</p> <p>Ensure that any e-PCR programs acquired by</p>

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					<p>ICEMA for access (annual \$15,000 base rate) to ImageTrend data and provider ImageTrend use, and providers that utilize the ICEMA program reimburse related NCEMS costs at \$2/e-PCR). With our highest volume providers no longer using the ICEMA program, we are considering adopting a per volume base rate to cover the annual \$15,000 fee for NCEMS access.</p> <p>Core measures data was submitted to EMSA.</p> <p>NCEMS utilizes an e-PCR programmer to assist with e-PCR data retrieval, queries, reports, etc., from the state repository.</p> <p>Supported a super-utilizers study that utilizes prehospital data and is overseen by Redwood Med Net in Lake County.</p>	<p>providers meets state and local requirements for data transmission and QI.</p> <p>Continue to mine ImageTrend data for reports, queries, etc.</p> <p>Plan for the eventual retirement of the NCEMS e-PCR programmer.</p> <p>Support super-utilizers study in Lake County.</p> <p>Consider implementation of per volume ImageTrend user base rate to recover data access costs.</p>
6.03	Prehospital Care Audits	X	X	X	<p>See 6.01 & 6.02.</p> <p>All ALS Providers and Base Hospitals continue to conduct audits on patient care activity</p>	<p>See 6.01 & 6.02</p> <p>Send quarterly QIP focused audits to hospitals and providers and review as staff</p>

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					and are required to follow associated NCEMS policies, including Field Care Audits conducted by each Base Hospital. Associate Director identifies quarterly QIP focused audits.	time allows.
6.04	Medical Dispatch	X	X	X	See 2.04, 3.01, 3.02, 3.04, 3.09, 4.03 and 4.09.	See 2.04, 3.01, 3.02, 3.04, 3.09, 4.03 and 4.09.
6.05	Data Management System	X	X	X	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and revised QIP Plan.	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and revised QIP Plan. Complete revision of the QIP Plan for submission to EMSA.
6.06	System Design Evaluation	X	X	X	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02 and revised QIP Plan.	See 1.12, 1.15, 1.18, 1.26, 1.27, 2.04, 4.02, 4.18, 4.21, 4.22, 5.08, 5.10, 5.11, 5.13, 6.01, 6.02, 6.05 and revised QIP Plan.
6.07	Provider Participation	X	X	X	See 6.01, 6.02, 6.03, 6.05 & 6.06. NCEMS QIP Plans are approved for all providers. Provider and Base Hospital Quarterly QI Reports reviewed & summarized by	Secure additional funds for increased staff help to continue to receive, monitor and summarize QIP Reports, enhance QI System and patient care.

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					NCEMS as staff time allows.	
6.08, 6.09	Reporting and ALS Audit	X	X	X	See Section 1, 2, 4, 5.14, 5.15, 6.01, 6.02, 6.03, 6.05, 6.06, 6.07 and the QIP Plan. JPA Governing Board, MAC, HCCC, TAC and EMCC members are included in the Information Mailings, quarterly reports, EMS, Trauma, STEMI, EMSC and QIP Plan review, etc. North Coast EMS submits required progress reports to EMSA, CDPH and UCD-MC. These are made available to JPA Board members, EMS stakeholders and the public as appropriate.	See Section 1, 2, 4, 5.14, 5.15, 6.01, 6.02, 6.03, 6.05, 6.06, 6.07 and the QIP Plan. Continue to prepare, submit and distribute required reports to EMSA and regional EMS personnel.
6.10, 6.11	Trauma System Evaluation and Data	X	X	X	See annual Trauma Plan update & 1.07, 1.26, 5.04, 5.08, 6.10 and 6.11.	See annual Trauma Plan update & 1.07, 1.26, 5.04, 5.08, 6.10 and 6.11.
7.01 7.02 7.03 7.04	Public Information Materials Injury Control Disaster Preparedness First Aid & CPR	X	X	X	Continued limited participation in PIE Activities, mostly related to EMSC. Programs Manager continues to attend and participate in: Car Seat programs, Child Death Review meetings, etc. Associate Director/Disaster	Continue participation as staff time allows. See quarterly GF reports for more information.

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					<p>Manager and County Disaster Liaisons continue to participate in disaster preparedness planning activities.</p> <p>See quarterly General Fund reports for more information.</p>	
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8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09 8.10 8.11 8.12 8.13 8.14 8.15 8.16 8.17 8.18 8.19	Disaster Medical Planning, Response Plans, HazMat Training, ICS, Casualty Distribution, Needs Assessment Disaster Communications, Inventory of Resources, DMAT Teams, Mutual Aid Agreements, CCPs, Training, Plans, Communications, Policies, Roles, and Waiving Exclusivity	X	X	X	See 3.01, 3.02, 3.04, 3.05, 3.06, 3.09, 4.12, 4.13, 4.14, 4.15, 5.05, Section 7, and CDPH Disaster Project Work Plans and mid-year progress reports submitted by each JPA member county prepared collaboratively with each NCEMS County Disaster Liaison. Continued to support and work collaboratively with MHOACs in each county. Participated in County Disaster Medical planning & drills. Completed sixth year of Regional HPP Disaster project with CDPH funding. Contracted with, and oriented new Del Norte and Lake County EMS Disaster Liaisons after the departure of their predecessors. Continued Associated Director	See 3.01, 3.02, 3.04, 3.05, 3.06, 3.09, 4.12, 4.13, 4.14, 4.15, 5.05, Section 7, and CDPH Disaster Project Work Plans and mid-year progress reports submitted by each JPA member county prepared collaboratively with each NCEMS County Disaster Liaison. Continue to participate in and help coordinate medical disaster activities. Continue Regional HPP Disaster Project. Continue HPP program with focus on planning of the regional medical disaster response system in collaboration with EMSA, CDPH, EMSAAC, JPA-member counties, EMS partners and the MHOAC program. Continue to help identify future HPP LEMSA

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					<p>as the Regional Disaster Coordinator and member of state, regional and local disaster committees, and continued subcontracts with three County HPP Disaster Liaisons. Worked collaboratively with EMSA, CDPH, OES, JPA Member counties, providers and others to address CDPH targeted deliverables, such as: identifying County Public Health and LEMSAs responsibilities, further integrating EMS representation into county disaster plans, reviewing existing policies and plans; disaster meeting attendance; training of staff and contractors; disaster drill and exercise participation, MCI case review, support of data linkage during events, etc.</p> <p>Specific to waiving exclusivity, both entities, we plan to incorporate this into the EOA contracts,</p>	<p>deliverables and accomplish targeted deliverables as part of the HPP grant through CDPH.</p> <p>Review and promote adoption of the California Patient Movement Plan upon its approval.</p> <p>Incorporate the waiver of exclusivity during significant medical events into the EOA contracts.</p>
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Reporting Year: 2019

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Del Norte, Humboldt, Lake

- | | |
|-----------------------------------------|-------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ 0 % |
| C. Advanced Life Support (ALS) | _____ 100 % |

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency ☒
 - e) Private Non-Profit Entity
 - f) Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator x
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>underway</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u> </u>
Enforcement of ambulance service contracts	<u> </u>
Operation of ambulance service	<u> </u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>EMD ONLY</u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. **EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>402,815.00</u>
Contract Services (e.g. medical director)	<u>162,665.00</u>
Operations (e.g. copying, postage, facilities)	<u>64,646.00</u>
Travel	<u>15,000.00</u>
Fixed assets	<u>6,912.00</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Obligated Reserve</u>	<u>123,090.00</u>
Other: <u>Audit</u>	<u>6,700.00</u>
Other: _____	_____

TOTAL EXPENSES \$ 781,828.00

6. **SOURCES OF REVENUE**

Preventive Health and Health Services (PHHS) Block Grant	<u>\$56,127.00</u>
Office of Traffic Safety (OTS)	_____
State general fund	<u>241,868.00</u>
County general fund (mednet)	<u>1,500.00</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>63,053.00</u>
Certification fees	<u>15,000.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees

IV = \$20,000 III = \$40,000

Trauma center designation fees

IV = \$5,000 IV + = 15,000

III = \$15,000 \$40,000

Pediatric facility approval fees

Pediatric facility designation fees

Other critical care center application fees

10,000.00

Type: STEMI Receiving Center

Other critical care center designation fees

Type : _____

Ambulance service/vehicle fees

Contributions

EMS Fund (SB 12/612)(Richie&Maddy)

\$193,000.00

Other grants: UC DAVIS

\$54,987.00

Other fees:

Other (specify): EOA Fee

20,000.00

Other (specify): Interest

472.00

TOTAL REVENUE

\$ 692,022.00

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

Purchase of Equipment and Increase in accrued Salaries and Benefits.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u>NA</u>
EMS dispatcher certification	<u>NA</u>
EMT-I certification	<u>40/20</u>
EMT-I recertification	<u>40/20</u>
EMT-defibrillation certification	<u>NA</u>
EMT-defibrillation recertification	<u>NA</u>
AEMT certification	<u>NA</u>
AEMT recertification	<u>NA</u>
EMT-P accreditation	<u>150</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>\$80</u>
MICN/ARN recertification	<u>\$50</u>
EMT-I training program approval	<u>None at this time</u>
AEMT training program approval	<u>None at this time</u>
EMT-P training program approval	<u>None at this time</u>
MICN/ARN training program approval	<u>None at this time</u>
Base hospital application	<u>None at this time</u>
Base hospital designation	<u>None at this time</u>
Trauma center application	<u>2,500</u>
Trauma center designation	<u>\$5,000-15,000</u>
Initial Level III	<u>\$40,000</u>
Initial Level IV	<u>\$20,000</u>
Pediatric facility approval	<u>None at this time</u>
Pediatric facility designation	<u>None at this time</u>
Other critical care center application	
Type: <u>STEMI</u>	<u>Initial \$15,000</u> <u>Annual \$10,000</u>
Other critical care center designation	
Type: <u>TRAUMA Site Survey</u>	<u>3,500</u>
Ambulance service License	<u>County Function</u>
Ambulance vehicle permits	<u>County Function</u>
Other: <u>EOA</u>	<u>20,000</u>
Other: <u>Aero Medical</u>	<u>10,000</u>
Other: <u> </u>	<u> </u>

ABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	94,068.00	26,377.00	
Asst. Admin./Admin.Asst./Admin. Mgr.	Assistant Director	1.0	79,516.00	21,829.00	
ALS Coord./Field Coord./Trng Coordinator	Program Manager	1.0	67,673.00	19,100.00	
Program Coordinator/Field Liaison (Non-clinical) EMSC UC Davis	Project Manager	0.10	6,377.00	1,314.00	
Trauma Coordinator					
Medical Director	Medical Director		23,500.00	N/A	
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Assistant	1.0	32,901.00	8,186.00	
Other Clerical	Fiscal Manager	.8	46,973.00	12,734.00	
Data Entry Clerk					
Other					

FY 2019-2020 NORTH COAST EMS PERSONNEL ORGANIZATIONAL CHART

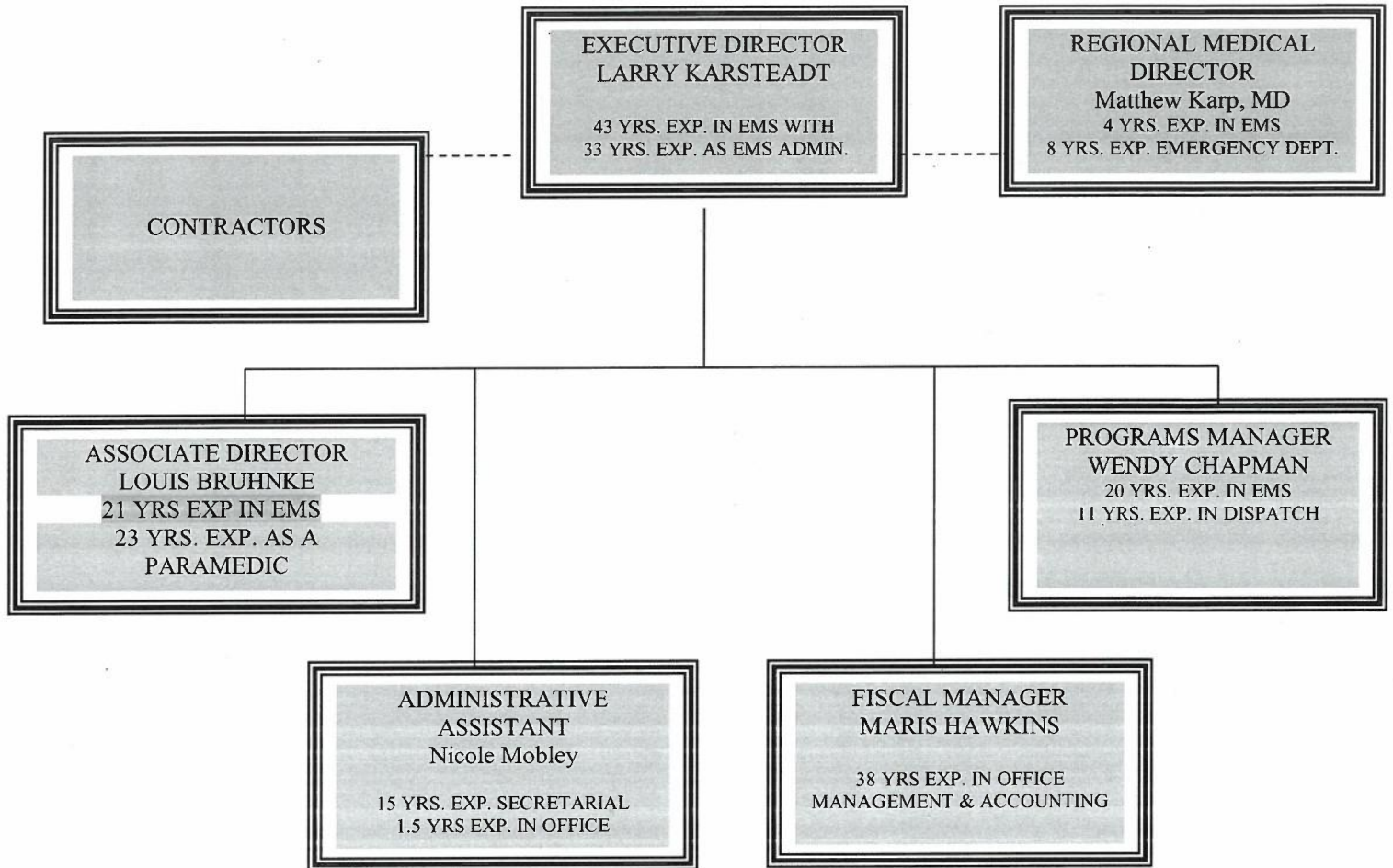


TABLE 3: STAFFING/TRAINING

Reporting Year: 2019

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	525	NA	130	17
Number newly certified this year	NA	NA	NA	NA
Number recertified this year	NA	NA	NA	NA
Total number of accredited personnel on July 1 of the reporting year	456	NA	95	15
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

525

b) Number of public safety (defib) certified (non-EMT-I)

NA

2. Do you have an EMR training program= First Responder

☒ yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: Del Norte

Reporting Year: 2019

- | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | |
| <u>Del Norte Sheriff Dispatch Center</u> | |
| 7. Who is your primary dispatch agency for a disaster? | |
| <u>Del Norte Sheriff Dispatch Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>155.175</u> | |
| b. Other methods <u>Cell Phone</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: Humboldt

Reporting Year: 2019

- | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>6</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>2</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | |
| Humboldt County Sheriff | |
| Eureka Police Department | |
| Cal Fire Humboldt-Del Norte Unit | |
| CHP | |
| Fortuna Police Department | |
| Arcata Police Department | |
| Humboldt State University | |
| 7. Who is your primary dispatch agency for a disaster? | |
| Humboldt County Sheriff | |
| Eureka Police Department | |
| Cal Fire Humboldt-Del Norte Unit | |
| Fortuna Police Department | |
| Arcata Police Department | |
| Humboldt State University | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | <u>Med Net Tx 467.950→468.175</u> |
| | <u>Rx 462.950→463.175</u> |
| b. Other methods | <u>Short Wave Tx 146.910</u> |
| | <u>Rx 146.310 Calcord Tx 156.075 Rx</u> |
| | <u>156.075</u> |
| | <u>Cell Phone</u> |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No

e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No

1) Within the operational area? ☒ Yes ☐ No

2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: Lake

Reporting Year: 2019

- | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Napa CALFIRE Communications Center</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Napa CALFIRE Communications Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Med Net</u> | |
| b. Other methods <u>Redundant Programmable Portable Repeaters, Ham Radios, Mobile Command Communications Vehicle.</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2019

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 50

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Does not exceed 5 minutes	Does not exceed 15 minutes	As quickly as possible	5 minutes to as quickly as possible
Early defibrillation responder	Does not exceed 5 minutes	As quickly as possible	As quickly as possible	5 minutes to as quickly as possible
Advanced life support responder	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible
Transport Ambulance	Does not exceed 8 minutes	Does not exceed 20 minutes	As quickly as possible	8 minutes to as quickly as possible

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2019

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>653</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>653</u>
3. Number of major trauma patients transferred	<u>156</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>7</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>2</u>
3. Number of basic emergency services	<u>5</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>7</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

Reporting Year: 2019

County: Del Norte

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See below
- b. How are they staffed? See below
- c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally - is accessible to wireless communications.
- Ideally - is near restrooms.
- Ideally - is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24 hour capability ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes ☒ No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

- b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
- c. Are they available for statewide response? ☐ Yes ☒ No
- d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
- a. Do you have any HazMat trained medical response team? ☐ Yes ☒ No
- b. At what HazMat level are they trained? _____
- c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
- d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 2 cities
3. Have you tested your MCI Plan this year in a:
- a. real event? ☒ Yes ☐ No
- b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes No
- Good informal relationships**
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? X Yes No
- Good informal relationships**
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? _____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

☒ Yes ☐ No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

Reporting Year: 2019

County: Humboldt

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See Below
- b. How are they staffed? See Below
- c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances. North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles, and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally – is accessible to wireless communications.
- Ideally – is near restrooms.
- Ideally – is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSS among appropriate agencies.

2. CISD

Do you have a CISD provider with 24 hour capability ☒ Yes ☐ No

3. Medical Response Team

- a. Do you have any team medical response capability? ☐ Yes ☒ No
- b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – DISASTER MEDICAL

- c. Are they available for statewide response? ☐ Yes ☒ No
- d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
- a. Do you have any HazMat trained medical response team? ☒ Yes ☐ No
- b. At what HazMat level are they trained? Specialist
- c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
- d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 7
3. Have you tested your MCI Plan this year in a:
- a. real event? ☐ Yes ☒ No
- b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☒ No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

Reporting Year: 2019

County: Lake

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? See Below
- b. How are they staffed? See Below
- c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

Although it is desirable to pre-identify potential field treatment sites, the emergency itself will ultimately determine whether these pre-identified sites are most appropriate for the given circumstances.

North Coast EMS will continue to work with the county to process guidelines for the identification of field treatment sites. These guidelines will highlight the desirability of choosing a site that:

- Ensures care provider safety.
- Is upwind, uphill, or remote from the incident.
- Is easily accessible to emergency vehicles and provide for a one-way traffic plan.
- Is near a clean water source.
- Is near a power source unless adequate independent power generation is available.
- Is large enough to accommodate the anticipated needs of the incident, including parking and responder support services.
- Ideally - allows for rotor wing aircraft access and staging.
- Ideally - is accessible to wireless communications.
- Ideally - is near restrooms.
- Ideally - is near existing medical facilities/personnel (e.g. a hospital).

North Coast EMS has made preliminary inquiries into previously identified FTS in our three constituent counties, and will be working with local EMS response agencies, hospitals, and public health representatives to catalogue and share the locations of potential FTSs among appropriate agencies.

2. CISD

Do you have a CISD provider with 24-hour capability ☐ Yes ☒ No

3. Medical Response Team

- a. Do you have any team medical response capability? ☒ Yes ☐ No
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
-

TABLE 7: SYSTEM RESOURCES AND OPERATIONS—Disaster Medical

d. Are they part of a formal out-of-state response system? ☒ Yes ☐ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response team? ☒ Yes ☐ No

b. At what HazMat level are they trained? Specialist

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

2. What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster? 2 CITIES

3. Have you tested your MCI Plan this year in a:

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No

4. List all counties with which you have a written medical mutual aid agreement. Del Norte and Humboldt Counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☒ No

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No

8. Are you a separate department or agency? ☐ Yes ☒ No

9. If not, to whom do you report? Lake County Health Services

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Kelseyville Fire Dept. Response Zone: Kelseyville Fire District

Address: 4020 Main Street Number of Ambulance Vehicles in Fleet: 4
Kelseyville, CA 95451

Phone Number: (707) 279-4268 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2-4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3,327</u> Total number of responses	<u>2,177</u> Total number of transports
<u>1,941</u> Number of emergency responses	<u>860</u> Number of emergency transports (911)
<u>1,386</u> Number of non-emergency responses (IFT)	<u>1,317</u> Number of non-emergency transports (IFT)

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Lakeport Fire Dept. Response Zone: Lakeport

Address: 445 Main Street Number of Ambulance Vehicles in Fleet: 4
Lakeport, CA 95453

Phone Number: (707) 263-4396 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1532 Total number of responses
1424 Number of emergency responses
224 Number of non-emergency responses

1430 Total number of transports
1400 Number of emergency transports
224 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Lake County Fire Dept. Response Zone: 65/70 (1-2-3)

Address: 14815 Olympic Drive Number of Ambulance Vehicles in Fleet: 5
Clearlake, CA 95422

Phone Number: (707) 994-2170 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2 (ALS) & 1 (IFT)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3963 Total number of responses
3804 Number of emergency responses
159 Number of non-emergency responses

2559 Total number of transports
2351 Number of emergency transports
178 Number of non-emergency transports

Air Ambulance Services N/A

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: City Ambulance of Eureka Inc. Response Zone: 3 & 4

Address: 135 W/ Seventh Street Number of Ambulance Vehicles in Fleet: 12
Eureka, CA 95501

Phone Number: (707) 445-4907 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

11,210 Total number of responses
8,005 Number of emergency responses
3,205 Number of non-emergency responses

10,482 Total number of transports
4,595 Number of emergency transports
5,887 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Region Provider: REACH Medical Holdings Response Zone: Del Norte, Humboldt, Lake

Address: 4615 Highland Springs Road Number of Ambulance Vehicles in Fleet: 1 rotor in Lake County; 1 fixed wing Humboldt County; 1 fixed wing and 1 ground in Del Norte County

Lakeport, CA 95453

Phone Number: (800) 338-4045 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1-2 within the region.

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

1356 Total number of responses
248 Number of emergency responses
1108 Number of non-emergency responses

1017 Total number of transports
170 Number of emergency transports
847 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: Arcata-Mad River Ambulance LLC Response Zone: 1

Address: Post Office Box 4948 Number of Ambulance Vehicles in Fleet: 5
Arcata, CA 95521

Phone Number: (707) 822-3353 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3,160 Total number of responses
2,315 Number of emergency responses
845 Number of non-emergency responses

2,781 Total number of transports
1,104 Number of emergency transports
1,677 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Del Norte Provider: Del Norte Ambulance, Inc. Response Zone: Del Norte County

Address: Post Office Box 306 Number of Ambulance Vehicles in Fleet: 7
Crescent City, CA 95531

Phone Number: (707) 487-1116 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4760 Total number of responses
4660 Number of emergency responses
100 Number of non-emergency responses

4003 Total number of transports
3923 Number of emergency transports
80 Number of non-emergency transports

Air Ambulance Services

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: Northshore Fire Protection District Response Zone: Northshore Fire District

Address: Post Office Box 1199 Number of Ambulance Vehicles in Fleet: 5
Lucerne, CA 95458

Phone Number: (707) 274-3100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3280 Total number of responses
3260 Number of emergency responses
20 Number of non-emergency responses

1,671 Total number of transports
1651 Number of emergency transports
20 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: Humboldt Bay Fire Authority Response Zone: _____

Address: 533 C St Number of Ambulance Vehicles in Fleet: NA
Eureka, CA 95501

Phone Number: (707) 441-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

38 (ALS) Total number of responses
38 (ALS) Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Humboldt Provider: K'ima:w Ambulance Response Zone: 2

Address: Post Office Box 1288 Number of Ambulance Vehicles in Fleet: 4

Hoopa, CA 95546

Phone Number: (530) 625-4261 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hoopa Valley Tribe.</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1,135 Total number of responses
1,086 Number of emergency responses
49 Number of non-emergency responses

819 Total number of transports
405 Number of emergency transports
414 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2019

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Lake Provider: South Lake County Fire Response Zone: South Lake Fire District

Address: Post Office Box 1360
Middletown, CA 95461

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (707) 987-3089

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

504 Total number of responses
485 Number of emergency responses
19 Number of non-emergency responses

442 Total number of transports
79 Number of emergency transports
363 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Del Norte County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone.
Area or subarea (Zone) Geographic Description: Del Norte County (entire county)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS
Area or subarea (Zone) Name or Title: Humboldt County— Zone 1 North
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. REACH Medical Holdings, LLC (Arcata-Mad River Ambulance Service) (provider since at least 1962)
Area or subarea (Zone) Geographic Description: Humboldt County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive (in progress)
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively -determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The existing ambulance service in this zone will be granted exclusive operating rights under 1797.224. REACH Medical Holdings, LLC (formerly Arcata-Mad River Ambulance) has provided ambulance service in Humboldt County— Zone 1 North in the same scope and manner since the June 1, 1981 under 1797.224, H&SC. There have been no other ambulance services operating within this area. Arcata-Mad River Ambulance Service was sold in 1983 and was sold again in 2017 to REACH Medical Holdings, LLC. The sale included the physical assets and the name under which the prior owner conducted the business such that the service continued without interruption.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, East
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Kima:w Medical Center Rescue Ambulance, 29 years of operation
Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone 2 Extends from the North Humboldt County Line to the South at Redwood Creek Bridge Hwy. 299. East on Humboldt County Line. West to School House Peak on Bald Hills Road.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS
Area or Subarea (Zone) Name or Title: Humboldt County -Zone 3
Name of Current Provider(s): City Ambulance of Eureka Inc. (exclusive provider since approximately 1964)
Area or Subarea (Zone) Geographic Description: Humboldt County
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive (in progress)
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Service, 9-1-1, 7-digit, BLS non-emergency and Standby Service
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. City Ambulance of Eureka, Inc. has provided ambulance service in Humboldt County – Zone 3 in the same scope and manner since the June 1, 1981 under 1797.224, H&SC. There have been no other ambulance services operating within this area. City ambulance of Eureka, Inc, was incorporated in 1975. While there have been changes in stock ownership of the corporation, the entity has continued to provide service continued without interruption.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS
Area or subarea (Zone) Name or Title: Humboldt County, Zones 4, Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 34 years of operation
Area or subarea (Zone) Geographic Description: Zone 4 begins North at Hookton Road and Hwy. 101. South to Dyerville Bridge and Hwy. 101 and Alderpoint Blocksburg Road 7 miles south of SR 36. East Showers Pass Humboldt County Line. West to the Pacific Ocean.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Non-Exclusive
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Kelseyville Fire District
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Kelseyville Fire District
Area or subarea (Zone) Geographic Description: Kelseyville Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Lake County Fire Protection District (LCFPD) provide EMS services over a 165-square mile service area to include the City of Clearlake and the Town of Lower Lake with an average call volume of approximately 5,200 annually. The LCFPD operates two ALS ambulances and one BLS engine 24/7/365. At peaks calls times the LCFPD has an automatic aid agreement with the remaining Lake County Fire Service agencies. Throughout the County of Lake the Fire Districts of Lake County have a fleet of 27 equipped ambulances. Out of those 27 ambulances 13 of those run 911 calls for service 24/7/365 with an additional 5 are set for IFT operations leaving 9 ambulances as reserves or to be staffed in the event of an MCI as when Lake County responded to the Lone Star MCI in Colusa County in 2008 with 9 ambulances while maintaining 12 ambulances for 911 service.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
Area or subarea (Zone) Geographic Description: Lakeport Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Northshore Fire Protection District
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Northshore Fire Protection District
Area or subarea (Zone) Geographic Description: Lucerne Fire District, Nice Fire District, Upperlake Fire Department, Clearlake Oaks Fire Department
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: North Coast EMS
Area or subarea (Zone) Name or Title: Del Norte, Humboldt and Lake Counties
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. REACH Medical Holdings, LLC ((dba, REACH Air Medical, CalStar and Cal-Ore Life Flight)
Area or subarea (Zone) Geographic Description: In Del Norte County, Cal-Ore provides ground 9-1-1 mutual aid ambulance, ALS/CCT ground IFT's (to Oregon and other out of County destinations), fixed & rotary wing IFT transfers and rotary wing scene calls. The REACH Medical Holdings companies also provide fixed/rotary wing IFT transfers services in Humboldt County and Lake Counties, along with rotary wing scene calls in the two counties.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively -determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Table 9: Resources Directory

Facilities

County: Del Norte

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Coast Hospital
 Address: 800 E. Washington
Crescent City, CA 95531

Telephone Number: (707) 464-8888

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Jerold Phelps Hospital
Address: 733 Cedar Street
Garberville, CA 95542

Telephone Number: (707) 923-3921

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Joseph Hospital
 Address: 2700 Dolbeer Street
Eureka, CA 95501

Telephone Number: (707) 445-8121

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level 0

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Redwood Memorial Hospital
Address: 3300 Renner Drive
Fortuna, CA 95540

Telephone Number: (707) 725-7382

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0		
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Humboldt

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mad River Community Hospital
Address: P.O. Box 1115
Arcata, CA 95521

Telephone Number: (707) 822-3621

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV <input type="checkbox"/> Level 0
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Lakeside Hospital
 Address: 5176 Hill Road East
Lakeport, Ca 95451

Telephone Number: (707) 262-5008

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV <input type="checkbox"/> Level 0	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: Adventist Health Clear Lake **Telephone Number:** (707) 994-6486
Address: Post Office Box 6710
Clearlake, Ca 95422

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> Level 0

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Lake

Note: Complete information for each facility by county. Make copies as needed.

Facility: St. Helena Hospital Clearlake
 Address: Post Office Box 6710
Clearlake, Ca 95422

Telephone Number: (707) 994-6486

<u>Written Contract:</u> X Yes O No		<u>Service:</u> O Referral Emergency X Standby Emergency O Basic Emergency O Comprehensive Emergency		<u>Base Hospital:</u> X Yes O No	<u>Burn Center:</u> O Yes X No
Pediatric Critical Care Center¹ EDAP² PICU³		O Yes X No Yes O No O Yes X No		<u>Trauma Center:</u> O Yes <input checked="" type="checkbox"/> No	
				<u>If Trauma Center what level:</u> O Level I O Level II O Level III O Level IV X Level 0	
<u>STEMI Center:</u> O Yes X No		<u>Stroke Center:</u> O Yes X No			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

LIST OF NORTH COAST EMS-APPROVED CE PROVIDERS

Approved CE Provider	Contact Person	Program Director	Clinical Director	Expiration Date	
North Coast EMS	Wendy Chapman	Matt Karp	Matt Karp	12/31/2099	#1
Adventist Hospital	Janell Rivera	Janell Rivera	Janell Rivera	12/31/21	#2
Jerold Phelps Health	Judy Gallagher	Douglas Pleatman	Judy Gallagher	12/31/21	#3
Kelseyville Fire Dept.	Jim Dowdy	Jim Dowdy	Jim Dowdy	12/31/21	#4
St. Joseph Hospital	Tracie Conner	Tracie Conner	Tracie Conner	05/31/21	#5
Redwood Memorial	Pamela Collver	Pamela Collver	Pamela Collver	12/31/23	#6
Mad River Community	Sean Anderson	Tuan Luu	Sean Anderson	12/31/20	#7
Sutter-Lakeside Hospital	Ruth Garcia	Steve Shifflett	Ruth Garcia	12/31/21	#8
Sutter Coast Hospital	C. Fullenwider	C. Fullenwider	C. Fullenwider	04/30/24	#9
Scotia Fire Dept	Nate McKnight	Lon Winburn	Nate McKnight	08/31/24	10
Lake County Fire Distr.	Willie Sapeta	Willie Sapeta	Willie Sapeta	02/28/23	#11
STAR	Not Valid				#12
South Lake County Fire	Jon Hoag	Jon Hoag	Jon Hoag	03/31/24	#13
Shelter Cover Fire	Nick Pape	Shelly Mendes	Shelly Mendes	08/31/23	#14
Northern CA Safety	Douglas Boileau	Douglas Boileau	Douglas Boileau	12/31/21	#15
Nice Fire Dept.	Not Valid				#16
Loleta Fire Dept.	Not Valid				#17
North Shore Fire	Chrissy Valadez	Chrissy Valadez	Chrissy Valadez	01/31/24	#18
General Hospital	Not Valid				#19
Garberville Fire	Not Valid				#20
HSU	Melanie Rowsey	Melanie Rowsey	T. McWilliams	09/30/23	#21
RCETC	Doug Boileu	Doug Boileau	Doug Boileau	09/31/20	#22
Humb Co Fire Instruct	Not Valid				#23
Del Norte Ambulance	Charles Tweed	Sandy Saunders	Charles Tweed	11/30/20	#24
Arcata Fie	Sean Campbell	Sean Campbell	John Evenson	03/31/24	#25
K'ima:w Ambulance	Not Valid				#26
CDF Humb/DN Unit	Not Valid				#27
Smith River Fire	Not Valid				#28
City Ambulance	Jaison Chand	Jaison Chand	Kristen Moses	03/31/24	#29
Eureka Fire	Not Valid				#30
Briceland Vol Fire	Karl Verick	Karl Verick	Karl Verick	08/31/21	#31
Ferndale Fire	Nate McKnight	Nate McKnight	Nate McKnight	02/28/21	#32
Lakeport Fire	Danny Copas	Rick Bergem	Danny Copas	08/31/23	#33
SHAR	Not Valid				#34
Mendocino College	T. Gowan	T. Gowan	T. Gowan	12/31/23	#35
Arcata Ambulance	Doug Boileau	Doug Boileau	Doug Boileau	01/31/23	#36
Humb. Bay Fire	Tim Citro	Tim Citro	Tim Citro	11/30/21	#37
Upper Lake Fire	Not Valid				#38
C/R	V. Plambeck	Allison Stull	V. Plambeck	03/31/23	#39
Clearlake Oaks Fire	Not Valid				#40
Del Norte Fire Consort	Cindy Henderson	Ryan Wakefield	Cindy Henderson	03/31/23	#41
Weott Fire Department	Not Valid				#42
Emerg Med Trng Prof	Not Valid				#43
Lake Pillsbury Fire	Larry Thompson	Larry Thompson	Larry Thompson	expired	#44
Redwood National Park	Laura Denny	Laura Denny	Dr. Weidemann	expired	#45

Orleans Fire	Rod Johnson	Dr. Mike Willett	Rod Johnson	06/30/24	#46
Fortuna Fire Dept	Lon Winburn	Lon Winburn	Nate McKnight	08/31/23	#47
Cal Ore Life Flight	Joe Gregorio	Sandy Saunders	Debbie Andresen	04/30/23	#48

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Training Institution Name/Address

North Coast Paramedic Program College of the Redwoods 7351 Tompkins hill Road Eureka, Ca. 95501		David Bazard (707) 476-4211
Student Eligibility:* Must be currently certified EMT-I	Cost of Program Basic <u>Tuition, fees, books, uniform</u> <u>and immunizations</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>15</u> Refresher: <u> </u> Cont. Education: <u>YES</u> Expiration Date: <u>2/28/23</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u> </u> Cont. Education: <u>yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Del Norte

Reporting Year: 2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Del Norte Fire Consortium 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I</u>
Open to general public	Basic <u>\$ 700</u>	Number of students completing training per year:
	Refresher <u>\$ 40</u>	Initial training: <u>30</u>
		Refresher: <u>15</u>
		Cont. Education: <u>Yes</u>
		Expiration Date: <u>7-31-22</u>
		Number of courses: <u>2</u>
		Initial training: <u>1</u>
		Refresher: <u>1</u>
		Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Humboldt

Reporting Year: 2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Virginia Plambeck (707) 476-4236; (707) 476-4214
Student Eligibility:* Open to CR students	Cost of Program Basic Tuition + fees, plus books, uniform and immunization. Refresher \$125	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>65</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7-31-22</u>
		Number of courses: <u>Fall & Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Dave Nakamura (707) 826-3357
Student Eligibility:* Open to the general public	Cost of Program HSU Students Basic \$235 Refresher \$125	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>30</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7/31/22</u>
		Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

Training Institution Name/Address

North Coast Paramedic Program 7351 Tompkins hill Road Eureka, Ca. 95501		Allison Stull (707) 476-4236
Student Eligibility:* Must be currently certified EMT-I	Cost of Program Basic <u>Tuition, fees, books, uniform</u> <u>and immunizations</u> Refresher <u>N/A</u>	**Program Level: EMT-P Number of students completing training per year: Initial training: <u>15</u> Refresher: <u> </u> Cont. Education: <u>YES</u> Expiration Date: <u>2/28/19</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u> </u> Cont. Education: <u>yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Lake

Reporting Year: 2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Marc Hill (707) 994-2170
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>10</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7/31/22</u>
Open to general public	Basic <u>\$140</u> Refresher <u>\$0</u>	Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Theresa Gowan 707-467-1048
Student Eligibility:*	Cost of Program	**Program Level: <u>EMT-I, Refresher</u> Number of students completing training per year: Initial training: <u>15</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>7/31/22</u>
Open to general public	Basic <u>\$130</u> Refresher <u>\$100</u>	Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>Yes</u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Del Norte

Reporting Year: 2019

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Del Norte County Sheriff Office</u>		Primary Contact: _____	
Address: <u>650 5th St</u> <u>Crescent City, CA</u>			
Telephone Number: <u>(707) 464-4191</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Humboldt

Reporting Year: 2019

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>Humboldt County Sheriff</u>		Primary Contact: <u>Morgan Schlesiger</u>	
Address: <u>826 4th Street</u> <u>Eureka, CA 95501</u> <u>707-445-7251</u>			
Telephone Number: <u>707-445-7251</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> 9 </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>	
If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name: <u>Eureka Police Department</u>		Primary Contact: <u>Michelle Reynosa- Sanchez</u>	
Address: <u>604 C Street</u> <u>Eureka CA, 95501</u>			
Telephone Number: <u>707-441-4334</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> 11 </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>	
If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name: Cal Fire Humboldt- Del Norte Unit		Primary Contact: Battalion Chief Mike Heyfron	
Address: 118 South Fortuna Boulevard Fortuna, CA 95540			
Telephone Number: 707-725-4413			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 11 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name: CHP		Primary Contact: Jennifer Campbell	
Address: 255 East Samoa Blvd Arcata, CA 95521			
Telephone Number: 707-268-2000			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 13 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	Fortuna Police Department		Primary Contact:	Sgt. Charles Ellebrecht
Address:	621 11 th Street			
	Fortuna, CA 95540			
Telephone Number:	707-725-7550			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS <u>5</u> Other	
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		Explain:		

Name:	Arcata Police Department		Primary Contact:	Leah Christian
Address:	736 F Street			
	Arcata, CA 95521			
Telephone Number:	707-822-2428			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS <u>6</u> Other	
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		Explain: _____		

Name:	Humboldt State University Police		Primary Contact:	Angelica Presidio-Nessen
Address:	1 Harpst Street			
	Arcata, CA 95521			
Telephone Number:	707-822-5555			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ EMD Training ____ EMT-D ____ ALS	
			____ BLS ____ LALS 5 Other	
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other			
	Explain: _____			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Lake

Reporting Year: 2019

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	LNU CALFRIE Communications Center		Primary Contact:	Brian York
Address:	<u>1199 Big Tree Rd</u> <u>St. Helena, CA 94574</u>			
Telephone Number:	<u>(707) 967-1400</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>13</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____			